



Learning from practice dilemmas in the human services: the case of children's contact centres

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Work in human service organisations is value laden and involves transactions with people whose responses cannot be foreseen. This contributes to the unpredictable and indeterminate nature of practice. It is argued here that enacting values in this complex context requires workers to deal with uncertainty and ambiguity. I suggest that analysis of practice dilemmas is one way to support practitioners in managing uncertainty and improving services. This paper illustrates the utility of the notion of practice dilemmas via analysis of the work of practitioners in children's contact centres. A core value of practice in this setting, as in other settings where children are clients, is that the child's best interests are paramount. Analysis centres on how tensions involved in enacting this principle allow us access to practitioners' thinking around how to provide better direct services and to identify changes that may be worthwhile at agency and systems levels.

Introduction

Current approaches to improving human services tend to emphasise the need for practitioners to be more systematic in their use of available 'evidence' or formal research findings and to rely less on 'practice wisdom'. This paper, while not delving deeply into these debates, notes how critiques of 'evidence based practice' as adopted from medicine, have led to the redefinition of this construct and to a renewed focus on the role of the practitioner in interpreting, critiquing and evaluating the application of formal research findings. Since such a redefinition recognises research derived knowledge is a necessary, yet insufficient basis for professional practice I offer here the notion of practice dilemmas to support practitioners as they seek to improve client services via reflection on practice.

Following a review of literature on views of practice and practice dilemmas I present a case study of the tensions experienced by workers in a children's contact service as they sought to enact the principle of service being in the child's best interests. I aim to show how examining dilemmas can enable workers to identify worthwhile practice problems and encourage discussion about how core principles can be enacted despite contradictory pressures. The portrayals of practice also aim to show how valuing dilemmas can result in professionals themselves determining their knowledge needs and thus increasing their motivation to seek out and apply research findings. I also argue that attention to practice dilemmas signals potential for change beyond the immediate context thus informing policy change and broader systems developments.

In concluding I argue that while research derived knowledge is essential to effective practice, we need to be careful that an emphasis on 'evidence' does not deter us from being open to uncertainty. Professional practice is devalued if it is construed as merely the technical application of research findings. Service improvements may fail if knowledge is presented as the only additional resource needed.

Practice dilemmas, principles and the work of human services

The approach taken here is that work in human service organisations is value laden and involves transactions with people whose responses cannot be foreseen. This contributes to the indeterminate and complex nature of practice in context (Fook, Ryan & Hawkins, 2000; Parton, 2000). Similar assessments are made by industrial relations scholars who argue that services are characterised by the immediacy, unpredictability and uncertainty of processes, the intangibility and inherent variability of outcomes, and the subjectiveness of evaluations of quality (Bonamy & May, 1997; MacDermott, 1993). Indeed, theorists of work in service occupations argue that due to the uncertainty of the relationship between service providers and recipients this relationship depends on providers' ability to manage the unexpected (Bonamy & May, 1997).

Thus workers need a capacity to deal with uncertainty and contradictory pressures as they seek to enact broad principles such as self-determination or, as in the case presented here, the child's best interests. Practice principles are fundamental ground rules that guide practice decisions and actions (Sheafor, Horejsi & Horejsi, 2000). While central to practice, effective application requires careful, critical and ongoing analysis. Principles are grounded in the profession's and the professional's overall philosophy, values and ethics and are influenced by organisational mission and policy contexts. Critical reflection on principles enables practice to be responsive to human need and new knowledge in the changing and often ambiguous contexts of practice (Turnell & Edwards, 1999).

The above characterisation of practice as unpredictable and value laden is at odds with technical accounts of practice. Indeed, in such schemas uncertainty may be seen as lack of knowledge, or perhaps inadequate policy or procedure. However, researchers examining practice have found that even with sound education, revised policy and supervisory support social service professionals can expect to experience dilemmas (Millstein, 2000; Rothman, 1998). Even scholars who support an evidence-based approach to human service practice - arguably a technical rational approach (Marston & Watts, 2003; Parton, 2000; Webb, 2001) - identify the need for critical appraisal of the relevance of research findings. They suggest that human service professionals need to consider the context of application, the focus problems to be addressed (Osmond & Darlington, 2001), the political constraints on implementing 'best' practice (Glass, 2001) and significant gaps in existing research (Newman, 2002).

Such understandings inform recent redefinitions of evidence-based practice, as adapted from medical settings, to include not just the "best available evidence" but also the "practice expertise of professionals" and "the experiences and preferences of service users" (Horwath & Thurlow, 2004, p.8). As practitioners' role in identifying worthwhile problems and critiquing research in terms of relevance is validated, the language has shifted somewhat to talk of evidence-oriented or informed process (Mullen & Streiner, 2004). This places importance on the professional's and organisations' approach toward improving client services via the considered interpretation, application and evaluation of research findings. Such an approach implies that an evidence orientation would operate best where uncertainty and ambiguity are valued as opportunities to identify and evaluate disjuncture between expected outcomes and client experience. Here is where the notion of practice dilemmas provides a useful construct for facilitating critical reflection on practice and identification of potential avenues for service improvement (Gunaratnam, 2001).

A practice dilemma can be defined as occurring when practitioners identify situations where two or more possible courses of action are equally problematic but nonetheless

have to act (Halliwell, 1995). It is argued that practitioners can incorporate apparently competing imperatives and pursue core values or principles by managing contradiction (see for example Frost, Robinson & Anning, 2005). In this way dilemmas need not result in either/or outcomes where one principle is sacrificed to attain another.

Dilemmas are different to problems since they tend not to be 'solved' once and for all but present "recurrent issues" within professional practice (Patford, 2002, p.216). They are managed by reflecting on how best to proceed given the circumstances, constraints and resources at hand. To manage practice dilemmas practitioners might develop or apply strategies. Depending on the degree of power they hold within the organisation these strategies may in turn be codified in policies or procedures. This notion of dilemma management strategies allows for reasoned action as well as pragmatism within parameters since it must be acknowledged that there are factors over which practitioners have little or no control (for example, funding priorities of governments).

Having presented a portrayal of the nature of practice and the utility of valuing uncertainty such as experienced in the face of practice dilemmas I now describe the context for the case study.

The case study context

Children's contact services are a relatively new support for families experiencing difficulty meeting the child's rights to safety and to have a relationship with both parents (United Nations, 1989; Strategic Partners, 1998). These services - termed supervised visitation in the USA and children's access in New Zealand - oversee parent-child interaction where there are concerns about the child's safety and facilitate changeover between parents where there may be abuse from an ex-partner or other entrenched conflict. There are currently about thirty-five contact services funded by the Attorney General's Department as part of the Family Relationship Services Program and administered by the Department of Family and Community Services (Sheehan, Carson, Fehlberg, Hunter, Tomison, Ip & Dewar, 2005). There are also about thirty unfunded services (personal communication, Barbara Hanson Convenor Australian Children's Contact Services Association, 15.10.05).

Most families who use these services are referred through the Family Law system, typically when interim orders for residence and contact are made (Sheehan *et al.*, 2005). A recent study has found that virtually all adult clients have significant communication issues, such as hostility or being estranged from their children, or personal difficulties such as a history of family violence, drug or alcohol abuse or mental illness (Ernst & Young, 2005). Although below the term 'parent' is used it must be acknowledged that, as Sheehan and her colleagues (2005) found, in about a third of cases family members other than the child's biological parents were also accessing centre services. Child clients are generally under twelve years of age although some older children might attend, for example with younger siblings.

Staff in Australian government funded services possess a range of qualifications with the majority of service managers and coordinators holding a university degree, predominantly in social science or social work (Ernst & Young, 2005). Contact supervisors and support workers may also be university trained or in training, but are more likely to hold a TAFE qualification in areas such as welfare, child care or community services.

This paper presents data from interviews with four staff members at a children's contact centre in Queensland. All case names are fictitious. This data has been considered in conjunction with data under analysis from centres in New South Wales and New Zealand.

The focus of the interviews was on how workers identified and met the child's best interests. One strategy all research participants spoke about was encouraging children's participation in decision making. In the following sections tensions and strategies reported by workers when seeking to enact this principle are used to illustrate my central arguments about why we should encourage practitioners to examine dilemmas. I begin by illustrating how dilemmas can help us identify how core principles can be attended to when faced with contradictory pressures.

Attending to core principles in the context of contradictory pressures

For the participants in my study there was a clear focus on children and their right to contact in a safe environment. Here we have what some might see as the central dilemma for contact services: the recognition that the child's right to contact can conflict with their right to safety. In recognition of this services have been designed with the safety of children and parents in mind. For example, parents do not meet each other, therefore limiting children's exposure to conflict while at the centre and if child abuse has been alleged or substantiated parent-child interactions are closely monitored. Service guidelines for both supervised visits and for changeover clearly state that the centre "reserves the right to refuse its services ... where the child/ren remain consistently and resolutely unwilling to go, are being caused undue distress, or are thought to be at risk of physical harm" (Centre 1, documents 2 & 3, p.1).

While such design features are fundamental to the safety of all service participants staff knew, that such service aspects alone could not ensure that children *felt* safe. Furthermore assessments about what constituted 'consistent and resolute' refusal of contact, 'undue' distress and 'risk' needed to be made on an individual basis. A number of strategies helped staff manage dilemmas around meeting children's rights to both safety and a relationship with their non-residential parent. Primarily they sought input from the child: by observing, listening to and responding to children. This may seem pedantic however, as stated by the Family Law Pathways Advisory Group (2001) "children often feel powerless in a [Family Law] system that purports to put their interests first" (p.16). That is, with the legal system often structured around adults, children generally do not feel that their voices are heard (see for example Chisholm, 1999). The research available, while only just emerging, suggests that in Australian contact centres most children feel their views are taken into account. For example two thirds (n = 24) of the children using contact services who were interviewed by Sheehan and her colleagues (2005, p.164) reported it was their decision as to whether contact went ahead.

Not only is there potential for tension between the child's rights of contact and safety. Contradictory pressures also arise when parents see contact as their entitlement or penalty, rather than being for the child. Participants in my study were aware that many of their child clients were only be able to have a relationship with their non-residential parent by using the contact service. Therefore this relationship was dependent on the residential parent bringing the child and the non-residential parent attending for the visits. In this regard parents' attitudes toward attending the service were central to effective service provision and staff needed to be diplomatic and encourage flexibility when complaints arose. With respect to the issue above, here is Belinda talking about how parents may need to be refocused on the child's experience of contact:

There is a small minority of people who find it hard to focus on the fact that it's the child that we're trying to put at ease. For some I think it is difficult because parents who don't see their children just desperately want to see them. Or sometimes when children are having difficulty separating from one parent, the other parent will feel they've been disadvantaged. The child might need a half

and hour to separate from the parent, to be comfortable and happy but the other parent might complain because they've missed out on some time. We're constantly trying to refocus on what's best for the child, on how can we make this work so the child is happy. We definitely want the parents to be happy, but not at the expense of making the child more anxious.

In this way it is the interactive application of knowledge that allows staff to manage these pressures without alienating parents. As Patford (2002) argues when discussing dilemmas around confidentiality, it is not possible to provide an "across-the-board answer" to dilemmas where there are multiple stakeholders and children as primary clients (p.209). Belinda's comment shows how staff can work to acknowledge and validate parents' concerns without losing sight of the core issue of the child's experience.

Concerns around parents' expectations of the service also motivated staff to develop new practices and processes, as discussed below.

Motivation to improve practice

Dilemmas indicate areas of their work where human service workers themselves see potential for improving practice and, as they find ways to manage these dilemmas, they may reconstruct their understanding about how to implement principles in particular situations.

Facilitating children's participation in decision making was identified as central to acting in the child's best interests. This child-focus was often enacted via work with parents because, as Oliver noted:

It's obviously important for the children to maintain contact with their significant others but for this to succeed, these interactions should be positive... what we're trying to do here is to maintain that positive interaction.

As discussed earlier some parents needed help to refocus on their child's best interests. Also most were at least uncomfortable about having to use the service. Adversarial legal processes and entrenched conflict with ex-partners exacerbated the uncertainty of using a service type which they may never have heard about before. The service had an intake interview with each parent that lasted twenty minutes. However, staff found that this was insufficient time to really engage with parents, help them understand the importance of focusing on their child/ren's experience and, in general, better prepare parents for contact so that it was more likely to be a positive experience for the child/ren.

Following reflection on the difficulties associated with unrealistic expectations and resulting disappointment and frustration expressed by some parents they decided to change intake procedures and spend one hour with each parent instead of twenty minutes. The extra interview time allowed staff to provide services beyond gathering basic information and explaining service rules. There was time to start building a relationship, to clarify service expectations and to explore parents' expectations.

Parents were also offered optional services that helped them consider how they themselves as well as their child/ren might react to contact. Parents were given a copy of a booklet about post-separation parenting which helped them better understand divorce from the child's perspective. Visiting parents were invited to come early to their first visit so that staff could

talk with them about what's going to happen and what we've seen with other children and ask the parent how they think they might react. This is particularly useful for parents who haven't seen their child for a while and who are new to this situation. (Oliver)

Residential parents were invited to bring their child/ren for an orientation visit. In this session children could look around the facilities, see what kinds of activities they might select from, meet with some of the staff and talk about what to expect. There were also opportunities for children to talk about how they were feeling about contact and to ask questions. Many staff noted how useful this orientation session was for children. However, not many parents took advantage of this offer:

I think that for a lot of parents, it's not that they're not keen, it's just that they feel comfortable but may not realise how important it is for the child to feel comfortable too. (Belinda)

Due to the clear benefits of engaging children in this way they were "looking for ways to more strongly encourage it because we know it's really helpful for the children to see us before the day" (Belinda).

Clarity of information and time to listen and respond to parental concerns and complaints meant that when visits started parents were more ready to focus on the child's experience of contact rather than on their own needs. Improved understanding meant that parents were then more emotionally available to their child/ren, thus working toward the central goal of children experiencing contact as safe and enjoyable.

I have discussed above how problematic aspects of practice can lead to changes in professional's own practice as well as clarification or change of organisational policy and procedures. Below the focus shifts to considering how attention to practice dilemmas can alert professionals and other interested parties to sites beyond the immediate practice context, that can support efforts to enact practice principles.

Recognising a range of sites for intervention

Technical views of practice improvement tend to focus on the need for the individual practitioner to become more knowledgeable so that problems of practice can be solved. However, as Freud and Krug (2002) suggest when discussing ethical dilemmas "often the most distressing ethical problems do not really deal with a clash of ethical values ... but with a sense of powerlessness in ethical situations" (p.480). In this regard professional boundaries and interactions with other agencies can be a source of tension (see also Cemlyn, 2000; Frost, Robinson & Anning, 2005; Patford, 2002). These tensions can provide an impetus for practice or service development via networking and collaborations across discipline and service divides.

One professional boundary issue that was closely tied up with dilemmas around meeting children's best interests was the ability of workers to identify the need for children (and parents) to receive professional therapeutic or counselling services beyond those offered via the incidental, crisis or debriefing counselling that the contact service was able to provide. On the one hand workers saw a need to spend more time with some of the children to help them cope better with their parents' separation, especially if they had witnessed domestic violence. Yet, on the other hand counselling was not part of their service mandate and thus they were not funded to provide this service or to employ appropriately qualified staff. They also believed that becoming involved in counselling could jeopardise their role as a neutral or impartial service. They managed this dilemma by making referrals but knew that waiting lists were very long. Other studies also indicate this dilemma with respect to the provision of counselling may be experienced by many in this service context (Ernst & Young, 2005, p.19). Practitioners I spoke to thus saw a great need for governments to fund additional counselling services, especially for children, or perhaps educational programs to be offered at schools.

Interactions with other agencies also generated some tensions with respect to facilitating children's participation in decision making. In particular, most referrals come via the Family Court where other professional groups may have different ideas about what is in the child's best interests. Staff referred to how they needed to trust that when matters were decided in court issues of child safety had been assessed and orders made to "minimize or remove ... risk" (Yazi). As Karen said:

I've seen cases where I thought that the legalities of court did not seem to be in the children's best interests, but I'm not in a position to see the whole picture. I presume the court sees both sides and the judge makes that decision. At the centre we go by whatever decision has been made and whenever the child is here, we try and do what is in their best interests.

Children's contact centres are increasingly seen as an essential element of a family law system that is working toward a more supportive and integrated range of services. Recent developments such as the establishment of guidelines for referring families to children's contact centres arose from concerns such as these expressed by service providers and others involved in referring clients to services (Federal Magistrates Court of Australia, 2005).

This case description and analysis has drawn out practice dilemmas related to enacting a central principle of work in children's contact centres: that service should be in the child's best interests. The related strategy of engaging children in decision making has also been discussed. I have presented a key dilemma of meeting the child's rights to safety *and* contact when the service is mainly used by parents in conflict. In this volatile context staff, while remaining neutral, need to advocate for a focus on the child/ren's needs and interests. They strive to address children's right to physical and emotional safety in ways that do not alienate either the residential or the visiting parent for to do so would jeopardise the child's ability to have a relationship with both their parents. They aim to provide a service that includes empowering children to express their views and developing the visiting parent's ability to interact with their child/ren without stepping over professional boundaries into therapeutic or counselling modalities.

My aim was to show that a technical approach to practice would be insufficient in this context. Rather workers are involved in a highly complex activity of applying knowledge and values in unpredictable and multidimensional social situations. Their uncertainty about how to proceed enabled them to think through a variety of strategies that could be applied and consider how these enabled them to meet the service's central purpose.

Conclusion

Dilemmas signal potential for change. Paying attention to dilemmas provides access to workers' knowledge about how to enact human service principles in particular contexts. Moreover, this approach directs our attention to areas where practitioners themselves see the need for further information to support worthwhile practice or systems change. Engaging practitioners in change is more likely to result in useful and lasting service developments as they will be self-motivated in the search for improvements to practice or procedure.

For workers - and for policy makers, educators and researchers - to be informed of the possibilities for change that dilemmas signal, we need to be deeply interested in workers' practical reasoning about the multiple imperatives they face and sensitive to situated understandings about the usefulness of various action alternatives. Attention to the processes and outcomes of dilemma experience and management may hold the potential to make visible workers' use of previously unrecognised and tacitly held knowledge and

facilitate links to published research. Since workers think through dilemmas in discussions with colleagues, supervisors and administrators (Millstein, 2000) organisations can draw on a range of information, perspectives and approaches to managing these recurring issues.

Our efforts to improve practice typically focus on the knowledge needs of professionals. I hope that the case presented here has shown that knowledge is a necessary but insufficient element of professional practice. We also need to be concerned with providing the conditions for 'best practice', whether determined collaboratively or mandated, to be worked towards. The construct of a practice dilemma may encourage an organisational culture where workers can be open to uncertainty thus emphasising a view of the professional as being critically reflective in the selection and application of the 'evidence' from published research.

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